





Chris Vandeleur, ICB Workforce Planning Lead

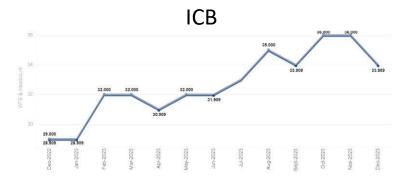
The Urology service pathway Workforce

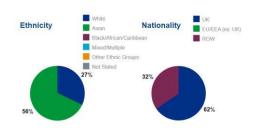


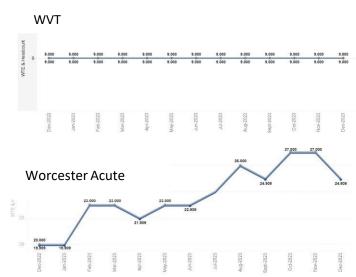
Background

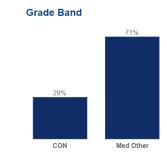
- The two Trusts are in very different place in terms of people engagement and development, WVT appearing in a more stable position.
- A heavy locum dependency against a background of a national shortage of Consultants in the service.
- The Trusts have honorary contracts in place for a number of clinicians to support cross system working; it is hoped this could be expanded across the group.
- WAHT Trusts. Arrangements and MoU/SLA to be confirmed by the UAN in collaboration with H&W. have started recruiting to new clinical roles, expanding capacity.
- There is good engagement across the two Trusts (and wider foundation group) with a clinical drive for improvement through working together.
- There is also agreement across the Foundation Group and Coventry & Warks Urology Area Network to support CESR training across the hospital.

Urology Medical Workforce









Key Urology Workforce challenges

- Acquisition talent and promoting the attractiveness of our roles continues to be the main workforce challenge.
- Addressing issues around workloads, weekend cover, on call, clinical supervision.
- Work pressures impacting on training and development opportunities.
- Introducing new ways of working has been a challenge given resource constraints due to cancer and elective demand.

Urology STAR Workshop held on 25 October 2023

Supply

Up-skilling

New roles

New ways of working

Leadership

Demand and Capacity planning Long term assessment of the demand for the service (5-10 years) Team Culture, ensuring staff feel valued Celebrating our successes /staff recognition Improve staff sense of well being Investment in the service Specialty Doctors at WVT Quicker recruitment process Succession planning Flexible working as an option to attract and retain staff Developing a plan to fill the recruitment gaps, e.g. Consultants posts at WVT, locum's not being retained. Shared recruitment

Medical Secretary (WA)

"Growing our Identifying future to define training needs (individual, team and service) **Medical and Nurse** training/career pathways used to define training Clarity around the level of work/skills and the pay band Work pressures impacting on training and opportunities (WA)

Nurse consultant Speciality Doctor/SAS/ Associate Specialist **Urology Support** Worker posts (Band 4) Leads for roles e.g. Stones, sub specialisms

Continuing to build on the good work and opportunities to work collaboratively Nurse led "one stop" service Streamline LUTS, seeking to create capacity Community role /involvement e.g. training up Special (District) Nurse e.g. flow rates. **Implementing** referral pathway System wide cruiting Consultant, Nurse Consultant Other?

"Right people doing

the right things"

Engagement within the Foundation Group Vision forward. What does "good" look like". Having capacity time to plan the Stop firefighting Clinical solutions/local focus Everyone has a voice (WA) Communication way days Structure department/bu siness meetings (WA).

share good

news stories

Sharing learning

across the service

Activities to address the Urology issues

- Support from Chief Medical Advisor in relation to group-based urology developments.
- Seeking to attract more applicants by make H&W Urology service an attractive place to work.
- Clarifying and communicating the Vision for the service (purpose, objectives and goals) particularly in the context of the expanded Foundation Group.
- Developing hybrid roles
- Seeking to expand University placements as the Three Counties Medical School develops
- Attracting overseas applicants through offering Portfolio Pathway offer
- Expanding the AHP workforce through international recruitment.
- Explore shared recruitment and nurse training opportunities.